

CROWSON
VS
WASHINGTON COUNTY

JON WORLTON

April 16, 2018



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April 16, 2018

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1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

3 * * *

4 MARTIN CROWSON,

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)

5 Plaintiff,

)

) Case No. 2:15-cv-00880

6 vs.

)

) Deposition of:

7 WASHINGTON COUNTY,

)

et al.,

)

JON WORLTON

8 Defendants.

)

COPY

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11
12 April 16, 2018

13 12:40 p.m.

14
15 WASHINGTON COUNTY TREASURER OFFICE
16 197 East Tabernacle Street
17 St. George, Utah

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19 * * *

20 Linda Van Tassell
21 - Registered Diplomate Reporter -
22 Certified Realtime Reporter
23
24
25

April 16, 2018

<p>1 A P P E A R A N C E S</p> <p>2 For the Plaintiff: Ryan J. Schriever</p> <p>3 SCHRIEVER LAW FIRM</p> <p>4 51 East 800 North</p> <p>5 Spanish Fork, Utah 84660</p> <p>6 For the Defendant Frank D. Mylar</p> <p>7 Washington County: MYLAR LAW, PC</p> <p>8 2494 Bengal Boulevard</p> <p>9 Salt Lake City, Utah 84121</p> <p>10 For the Defendant Gary T. Wight</p> <p>11 Larrowe: KIPP & CHRISTIAN</p> <p>12 10 Exchange Place, 4th Floor</p> <p>13 Salt Lake City, Utah 84111</p> <p>14 Also Present: Brian Graf</p> <p>15 * * *</p> <p>16 I N D E X</p> <p>17 EXAMINATION PAGE</p> <p>18 By Mr. Schriever 3</p> <p>19 By Mr. Wight 50</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>2</p> <p>3</p> <p>1 P R O C E E D I N G S</p> <p>2 JON WORLTON,</p> <p>3 called as a witness on behalf of the plaintiff,</p> <p>4 being duly sworn, was examined and testified as</p> <p>5 follows:</p> <p>6 EXAMINATION</p> <p>7 BY MR. SCHRIEVER:</p> <p>8 Q. Would you please state your full name</p> <p>9 for the record.</p> <p>10 A. Jon Worlton.</p> <p>11 Q. How do you spell Jon?</p> <p>12 A. J-o-n.</p> <p>13 Q. And Worlton?</p> <p>14 A. W-o-r-l-t-o-n.</p> <p>15 Q. What's your date of birth?</p> <p>16 A. 8-5-66.</p> <p>17 Q. Where do you currently reside?</p> <p>18 A. St. George.</p> <p>19 Q. And what's your current phone number?</p> <p>20 A. 435 --</p> <p>21 MR. MYLAR: I'm going to object. You</p> <p>22 can get his work phone number but --</p> <p>23 MR. SCHRIEVER: Work phone number is</p> <p>24 fine.</p> <p>25 MR. MYLAR: I don't want anyone who</p>
<p>4</p> <p>1 works in law enforcement to have to give their</p> <p>2 personal phone number out.</p> <p>3 THE WITNESS: Thank you.</p> <p>4 A. (435) 656-6646.</p> <p>5 Q. What is your job?</p> <p>6 A. I am the health services administrator</p> <p>7 at the Washington County Jail.</p> <p>8 Q. Okay.</p> <p>9 A. I also take care of mental health</p> <p>10 problems and concerns.</p> <p>11 Q. Okay. Have you ever had a deposition</p> <p>12 taken before?</p> <p>13 A. Yes.</p> <p>14 Q. How many times?</p> <p>15 A. One time prior.</p> <p>16 Q. When was that?</p> <p>17 A. Ten years.</p> <p>18 Q. Do you know what the case was, who was</p> <p>19 involved in the case?</p> <p>20 A. As far as --</p> <p>21 Q. As far as parties?</p> <p>22 A. The case name was Boyett.</p> <p>23 Q. How do you spell that?</p> <p>24 A. B-o-y-e-t-t.</p> <p>25 Q. Was that down here in Washington County?</p>	<p>5</p> <p>1 A. Yes.</p> <p>2 Q. Were you named in your official capacity</p> <p>3 at that time or was it -- let me back up. That's a</p> <p>4 bad question. Was it a prison case as well?</p> <p>5 A. Yes.</p> <p>6 Q. Do you know what the resolution of that</p> <p>7 case was?</p> <p>8 A. I don't. I think it was dismissed but</p> <p>9 I'm not positive about that.</p> <p>10 Q. The deposition, just by way of reminder,</p> <p>11 is an opportunity for us to ask you questions under</p> <p>12 oath about your memory of the events and facts as</p> <p>13 you know them. If you don't have memory or if you</p> <p>14 don't know what happened, you can tell me that.</p> <p>15 A. Okay.</p> <p>16 Q. I don't know is a perfectly fine answer.</p> <p>17 I may ask follow-up questions to try to jog your</p> <p>18 memory on some things but I'm not trying to harass</p> <p>19 you if I do that. We're just trying to find out</p> <p>20 what you know and what you may be able to testify to</p> <p>21 if you were called to court. Does that make sense?</p> <p>22 A. Uh-huh.</p> <p>23 Q. Along those same lines, I am really just</p> <p>24 after the facts. If I ask you a question that calls</p> <p>25 for you to speculate or guess, just tell me that and</p>

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<p style="text-align: right;">6</p> <p>1 we'll try to rephrase it so that it's not you</p> <p>2 filling in the blanks, so it's actually factual</p> <p>3 answers.</p> <p>4 A. Okay.</p> <p>5 Q. I don't anticipate your deposition will</p> <p>6 be very long but, if you need to take a break for</p> <p>7 any reason at any time, that's fine as well. Just</p> <p>8 let us know and we can take a break.</p> <p>9 A. Okay.</p> <p>10 Q. Have you reviewed any documents in</p> <p>11 preparation for your deposition?</p> <p>12 A. Yes, I have.</p> <p>13 Q. What have you reviewed?</p> <p>14 A. I went back and looked at the medical</p> <p>15 record that's involved in this case.</p> <p>16 Q. Anything else?</p> <p>17 A. I reviewed the schedule, so just looking</p> <p>18 at who was working and the days that were in</p> <p>19 question or seemed to be.</p> <p>20 Q. And the medical record, what does that</p> <p>21 look like that you reviewed?</p> <p>22 A. What do you mean by that?</p> <p>23 Q. Well, I don't know because I'm trying to</p> <p>24 use your words.</p> <p>25 A. We used an electronic record keeping</p>	<p style="text-align: right;">7</p> <p>1 system. It's essentially a client, so our patient's</p> <p>2 chart. It's subdivided and there are a number of</p> <p>3 different ways.</p> <p>4 Q. Does it look like a table or a</p> <p>5 spreadsheet?</p> <p>6 A. It's a web-based program.</p> <p>7 Q. Have you seen it printed off?</p> <p>8 A. Yes, I have. It does not look anything</p> <p>9 like that but that's the information.</p> <p>10 Q. I'm looking here, and we'll identify it</p> <p>11 for sake of the record, Washington Crowson 0501.</p> <p>12 What you looked at does not look like this?</p> <p>13 A. Well, the physical look does not. The</p> <p>14 information is the same.</p> <p>15 Q. The information you looked at is the</p> <p>16 information contained on documents like this?</p> <p>17 A. Correct.</p> <p>18 Q. Okay. I want to get the schedule just</p> <p>19 to look at who was working that day.</p> <p>20 A. Uh-huh.</p> <p>21 Q. Did you look at nurses that were working</p> <p>22 that day?</p> <p>23 A. Yes.</p> <p>24 Q. What about correctional officers?</p> <p>25 A. No.</p>
<p style="text-align: right;">8</p> <p>1 Q. What date range did you look at?</p> <p>2 A. I don't remember. It was June 2014.</p> <p>3 Q. The medical record, when you pull that</p> <p>4 up, can you pull it up by inmate's name?</p> <p>5 A. Yes.</p> <p>6 Q. And did it have -- for example, this</p> <p>7 page that we looked at had an entry for March 11,</p> <p>8 2013 all the way down to November 6, 2014. Is it</p> <p>9 all of the dates that that inmate was seen as a</p> <p>10 patient during their time at Purgatory?</p> <p>11 A. Yes.</p> <p>12 Q. Do you see any records from other</p> <p>13 facilities such as the Draper prison or anything</p> <p>14 like that?</p> <p>15 A. No.</p> <p>16 Q. Not Gunnison either?</p> <p>17 A. No. Unless we -- well, we request</p> <p>18 records but not usually from the two state prisons.</p> <p>19 Q. When you request records, where do you</p> <p>20 records?</p> <p>21 A. Whenever somebody has been in treatment</p> <p>22 so if they've been seen, for example, at the</p> <p>23 volunteer clinic here in town, we would call them</p> <p>24 and ask for a copy of their records and that would</p> <p>25 be scanned into a document section of the medical</p>	<p style="text-align: right;">9</p> <p>1 record.</p> <p>2 Q. Do you see anywhere in Mr. Crowson's</p> <p>3 file where there had been medical records requested</p> <p>4 from another facility?</p> <p>5 A. I did not look at the document section</p> <p>6 of the file, so I didn't see that. I don't</p> <p>7 remember.</p> <p>8 Q. In the printouts that we have like I</p> <p>9 showed you, would the document requests show up in</p> <p>10 those tables?</p> <p>11 A. No, it wouldn't show up in -- not</p> <p>12 necessarily. Sometimes a nurse will document in</p> <p>13 their chart notes that they've requested records.</p> <p>14 Sometimes not. So I don't know that it would</p> <p>15 necessarily show up in the chart.</p> <p>16 Q. What's the name of the program that you</p> <p>17 guys use to keep track of medical treatment?</p> <p>18 A. CorEMR. Cor for correctional and then</p> <p>19 EMR for electronic medical record.</p> <p>20 Q. When you pull up CorEMR, what does the</p> <p>21 front page of that look like?</p> <p>22 A. Physically or --</p> <p>23 Q. Yeah. On the computer screen.</p> <p>24 A. Well, the initial screen is just a login</p> <p>25 screen so it's password protected and all those</p>

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<p style="text-align: right;">10</p> <p>1 kinds of things. And then the screen after that we</p> <p>2 refer to as a dashboard. It just contains a number</p> <p>3 of different things that you can follow. Has a</p> <p>4 place for you to search for patient names, pull up a</p> <p>5 specific patient chart.</p> <p>6 Q. Is there anyone at the jail other than</p> <p>7 yourself and the nurses who have access to CorEMR?</p> <p>8 A. One other. We have a unit coordinator</p> <p>9 who schedules medical appointments and those kinds</p> <p>10 of things. She would have access to it as well.</p> <p>11 Q. What's her name?</p> <p>12 A. Liz. Elizabeth Jimenez.</p> <p>13 Q. Does she schedule outside medical</p> <p>14 appointments?</p> <p>15 A. Uh-huh.</p> <p>16 Q. Is that yes?</p> <p>17 A. Yes.</p> <p>18 Q. That's the other thing I forgot to</p> <p>19 mention is it's so easy for us to say uh-huh or</p> <p>20 uh-uh. That requires our court reporter to make an</p> <p>21 interpretation as to what we're saying.</p> <p>22 A. Okay.</p> <p>23 Q. So yes or no. If I remind you, I'm not</p> <p>24 trying to be rude, I'm just trying to make a clear</p> <p>25 record. Does Liz also schedule inmate appointments</p>	<p style="text-align: right;">11</p> <p>1 for inside the correctional facility?</p> <p>2 A. Yes. The way that those appointments</p> <p>3 work, at least today, is we have -- the program is</p> <p>4 called TellMate. It's an electronic system that the</p> <p>5 inmates have access to in the housing units. They</p> <p>6 fill out a request for medical services on that and</p> <p>7 Liz transfers those written requests from that</p> <p>8 system into the medical system. At the moment they</p> <p>9 don't talk and so she essentially does a cut and</p> <p>10 paste.</p> <p>11 Q. I want to talk about your job and get</p> <p>12 sort of an overview of what it entails.</p> <p>13 A. Okay.</p> <p>14 Q. First let's talk about your background.</p> <p>15 What's your education?</p> <p>16 A. I'm a social worker. I have a master's</p> <p>17 degree in social work. I also have a clinical</p> <p>18 license, licensed clinical social worker.</p> <p>19 Q. How long have you worked for the jail?</p> <p>20 A. Eighteen-ish years.</p> <p>21 Q. You mentioned that part of your job is</p> <p>22 clinical and that you see inmates with mental or</p> <p>23 psychological issues.</p> <p>24 A. Correct.</p> <p>25 Q. And I've used two words there, mental or</p>
<p style="text-align: right;">12</p> <p>1 psychological.</p> <p>2 A. Okay.</p> <p>3 Q. Do you view them differently or is there</p> <p>4 a distinction between those two?</p> <p>5 A. I use them interchangeably.</p> <p>6 Q. Okay. Then I will also use them</p> <p>7 interchangeably.</p> <p>8 A. Okay.</p> <p>9 Q. How much of your time is spent in</p> <p>10 clinical practice at the jail?</p> <p>11 A. Half to three quarters. Depends on the</p> <p>12 workflow, I guess, and the people and the requests</p> <p>13 in the jail.</p> <p>14 Q. It's my understanding, correct me if I'm</p> <p>15 wrong, that you are not licensed to prescribe</p> <p>16 medication; is that correct?</p> <p>17 A. That's correct.</p> <p>18 Q. You provide counseling services.</p> <p>19 A. That's correct.</p> <p>20 Q. And you also provide referrals to</p> <p>21 medical professionals where you've thought</p> <p>22 prescription intervention might be appropriate?</p> <p>23 A. That's correct.</p> <p>24 Q. Do you deal with alcohol withdrawal</p> <p>25 patients?</p>	<p style="text-align: right;">13</p> <p>1 A. Yes.</p> <p>2 Q. Patients who are withdrawing from other</p> <p>3 types of drugs?</p> <p>4 A. Yes.</p> <p>5 Q. What percentage of your clinical time is</p> <p>6 spent with those type of people?</p> <p>7 A. Probably a good part, 70 percent,</p> <p>8 perhaps. At this point in my career I work</p> <p>9 primarily in booking which is where those folks are</p> <p>10 so whether it's dealing directly with that or just</p> <p>11 needing to be aware that those issues may be</p> <p>12 impacting what I'm seeing is a significant part.</p> <p>13 Q. And you work in booking. That means</p> <p>14 you're one of the first people that people may see</p> <p>15 when they come into the jail, right?</p> <p>16 A. The nurses would see them earlier than I</p> <p>17 do.</p> <p>18 Q. Okay.</p> <p>19 A. Just because there's one of me and</p> <p>20 several nurses and more shifts. But, yeah, in terms</p> <p>21 of interacting with them for mental health problems</p> <p>22 and concerns, I would be one of the first.</p> <p>23 Q. What is the booking process when an</p> <p>24 inmate comes to jail?</p> <p>25 A. Do you want the corrections piece of</p>

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<p style="text-align: right;">14</p> <p>1 that or the health services part of that?</p> <p>2 Q. I want to talk specifically about the</p> <p>3 health services but if you know something about the</p> <p>4 correctional aspect of it I would like you to share</p> <p>5 that with me as well.</p> <p>6 A. I don't know a lot about that. There</p> <p>7 are probably people more qualified to talk about</p> <p>8 that than I am. In short, if somebody is brought in</p> <p>9 by an arresting agency, our staff interacts with</p> <p>10 them and places them in prebooking where the</p> <p>11 exchange of custody takes place. They search the</p> <p>12 inmate in, take custody of him and then there's</p> <p>13 paperwork that goes along with that and then they're</p> <p>14 housed in one of our intake cells.</p> <p>15 Q. Okay. When you say, "our staff</p> <p>16 interacts with them," did you mean specifically</p> <p>17 general staff or do you --</p> <p>18 A. Sheriff's office staff.</p> <p>19 Q. And then is it a matter of course that</p> <p>20 every incoming inmate is seen by either yourself or</p> <p>21 a nurse?</p> <p>22 A. Every inmate should be seen by a nurse</p> <p>23 as they're coming into the jail. We try to make</p> <p>24 that happen as quickly as we can. Often in</p> <p>25 prebooking when they're just arriving, sometimes</p>	<p style="text-align: right;">15</p> <p>1 because of staffing issues we're not able to do</p> <p>2 that, but I would say within the first hour of</p> <p>3 arrival that most are seen by a nurse. If the nurse</p> <p>4 in their screening determines that there is need for</p> <p>5 mental health screening or mental health services,</p> <p>6 then they'll refer to me.</p> <p>7 Q. Is that policy the same or different for</p> <p>8 people who are coming back? For example, somebody</p> <p>9 coming back on a parole violation or probation</p> <p>10 violation.</p> <p>11 A. It would be the same.</p> <p>12 Q. In this case Mr. Crowson was brought</p> <p>13 into the jail on June 11, 2014.</p> <p>14 A. Uh-huh.</p> <p>15 Q. I did not see any consent forms or</p> <p>16 waiver forms for that particular date but I'll</p> <p>17 represent to you there are waiver forms from other</p> <p>18 dates. In reviewing the records for Mr. Crowson did</p> <p>19 you see whether there was a waiver that he filled</p> <p>20 out or signed on July 11, 2014?</p> <p>21 A. I'm not sure what you're referring to as</p> <p>22 far as a waiver goes.</p> <p>23 Q. I'll show you what I'm talking about</p> <p>24 here. The title is Utah Department of Corrections</p> <p>25 Clinical Services Bureau Informed Refusal.</p>
<p style="text-align: right;">16</p> <p>1 MR. MYLAR: Okay. Can I just interject</p> <p>2 here?</p> <p>3 MR. SCHRIEVER: Yes.</p> <p>4 MR. MYLAR: It says these are department</p> <p>5 of corrections. This isn't a document that we gave</p> <p>6 you.</p> <p>7 MR. SCHRIEVER: This would have come</p> <p>8 from another prison facility.</p> <p>9 MR. MYLAR: Yeah.</p> <p>10 Q. Okay. Do you guys have a form that</p> <p>11 looks like this?</p> <p>12 A. That looks to be a form that we have</p> <p>13 somebody fill out if they refuse treatment. The</p> <p>14 doctor recommends that, "You ought to take whatever</p> <p>15 prescription or you ought to do something," they</p> <p>16 say, "We don't want to do it," we have a form</p> <p>17 similar to that.</p> <p>18 Q. Do you have a form that people fill out</p> <p>19 when they come in, for example, if you want to take</p> <p>20 a medical history and they don't want that, would</p> <p>21 they fill that out?</p> <p>22 A. We don't have a form like that that we</p> <p>23 use. Usually if that were to happen we would likely</p> <p>24 document that on the intake form itself. And then</p> <p>25 in part of that form there are places where the</p>	<p style="text-align: right;">17</p> <p>1 nurse can document observations and information from</p> <p>2 like a probable cause statement or those kinds of</p> <p>3 things. It just gives us information. If they</p> <p>4 refuse to answer specific questions about their</p> <p>5 medical history I would say it would be documented</p> <p>6 there.</p> <p>7 Q. And that would be part of the intake</p> <p>8 form?</p> <p>9 A. Correct.</p> <p>10 Q. Is there anywhere else that it's</p> <p>11 recorded other than the intake form?</p> <p>12 A. It may be documented in the chart notes.</p> <p>13 That would be just a difference in the individual</p> <p>14 nurse's practice.</p> <p>15 Q. So not a uniform policy as to how to</p> <p>16 handle that.</p> <p>17 A. Right. Mostly I would expect it would</p> <p>18 be on the medical intake form.</p> <p>19 Q. What is the purpose of the meeting</p> <p>20 with -- I'll call them medical professionals,</p> <p>21 meaning you or the nurses, but the medical</p> <p>22 professional meeting with the inmate in the first</p> <p>23 hour of booking?</p> <p>24 A. It's a screening to determine whether</p> <p>25 there are obvious medical problems or concerns that</p>

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<p style="text-align: right;">18</p> <p>1 need to be dealt with right then. That would</p> <p>2 include gathering information about medication,</p> <p>3 those kinds of things.</p> <p>4 Q. Is there any way to say how long that</p> <p>5 typically takes to do?</p> <p>6 A. Five minutes to maybe 15 at the most. I</p> <p>7 think it's usually a very short interview.</p> <p>8 Q. Is there a part of that process by which</p> <p>9 the inmate is asked to give a medical history?</p> <p>10 A. Yes.</p> <p>11 Q. And what's the medical history question</p> <p>12 or questions?</p> <p>13 A. I would need to look at the form. I</p> <p>14 don't use that particular form enough to remember it</p> <p>15 by memory.</p> <p>16 Q. Do you ask inmates about recent</p> <p>17 hospitalizations?</p> <p>18 A. I believe so but I would need to look at</p> <p>19 the form again to be sure but I believe that there</p> <p>20 is a question about that.</p> <p>21 Q. When you said the form, you mean intake</p> <p>22 form?</p> <p>23 A. Uh-huh.</p> <p>24 Q. Is that yes?</p> <p>25 A. Yes. Sorry.</p>	<p style="text-align: right;">19</p> <p>1 Q. Did you review the intake form for</p> <p>2 Martin Crowson in June of 2014?</p> <p>3 A. Yes, I believe I did. I don't remember</p> <p>4 for sure.</p> <p>5 Q. When did you review those documents?</p> <p>6 A. It would have been last week.</p> <p>7 Q. As you sit here today was there anything</p> <p>8 that stood out in your mind on that form that</p> <p>9 grabbed your attention? Was there anything</p> <p>10 significant?</p> <p>11 A. There was not.</p> <p>12 Q. We talked a little bit about your</p> <p>13 clinical practice and I'm not saying we're not going</p> <p>14 to come back to that but I want to ask you about the</p> <p>15 other 50 to 25 percent of it, depending on your work</p> <p>16 flow. What are your other job responsibilities at</p> <p>17 the jail?</p> <p>18 A. As a health services administrator?</p> <p>19 Q. Yes.</p> <p>20 A. I do the scheduling for our nursing</p> <p>21 staff. I conduct performance evaluations and</p> <p>22 reviews. I coordinate with the medical director,</p> <p>23 Dr. Larowe. I coordinate with dentists, with our</p> <p>24 health unit coordinator, I handle inmate complaints</p> <p>25 and grievances.</p>
<p style="text-align: right;">20</p> <p>1 Q. What is the role of the medical</p> <p>2 director?</p> <p>3 A. Well, it's just like it sounds. He</p> <p>4 would be responsible for the medical services in</p> <p>5 creating treatment plans and making sure that they</p> <p>6 have been followed as he intended them to, those</p> <p>7 kinds of things.</p> <p>8 Q. Does he have an office at the jail?</p> <p>9 A. No. Well, he has an exam room where he</p> <p>10 comes out that I suppose would double as an office.</p> <p>11 It's a workstation where he does his charting and</p> <p>12 then does his exams there.</p> <p>13 Q. Does he have a set schedule to come out</p> <p>14 to the jail?</p> <p>15 A. Yes.</p> <p>16 Q. What is his schedule?</p> <p>17 A. Let's see, I believe he's coming out</p> <p>18 Tuesdays and Thursdays. That again depends on the</p> <p>19 need. There are some weeks that he comes once a</p> <p>20 week on one of those days.</p> <p>21 Q. Okay. Is there a time when he comes?</p> <p>22 A. Usually between seven and eight in the</p> <p>23 morning.</p> <p>24 Q. Okay. And how long does he stay?</p> <p>25 A. Again that depends on the number of</p>	<p style="text-align: right;">21</p> <p>1 people on sick call. Anywhere from an hour to an</p> <p>2 hour and a half.</p> <p>3 Q. All right. And then I imagine it's</p> <p>4 important that he maintain his availability by phone</p> <p>5 if there's an emergency?</p> <p>6 A. That's correct. He is available 24/7</p> <p>7 by contract, either he or one of his staff, usually</p> <p>8 it's a mid level practitioner, a PA or a nurse</p> <p>9 practitioner.</p> <p>10 Q. Are you familiar with the CIWA</p> <p>11 guidelines for alcohol and drug symptoms?</p> <p>12 A. I'm familiar with that protocol or that</p> <p>13 form. I know of it. I couldn't tell you a great</p> <p>14 deal about it other than its intended use is for</p> <p>15 people withdrawing from alcohol. It's a</p> <p>16 standardized protocol, as I understand it, for</p> <p>17 looking at symptoms and being able to determine</p> <p>18 where somebody is at in the withdrawal process.</p> <p>19 Q. CIWA, that's not something you</p> <p>20 personally use in your practice.</p> <p>21 A. No.</p> <p>22 Q. Do you know if the nurses use it?</p> <p>23 A. No, we don't use that as part of it.</p> <p>24 Q. You do not use it?</p> <p>25 A. No.</p>

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<p style="text-align: right;">22</p> <p>1 Q. Let me ask you just more generally 2 background type stuff. How much supervision do you 3 have over what the nurses do and what protocols they 4 follow?</p> <p>5 A. That's I guess a divided responsibility, 6 really. But in terms of direct medical oversight, 7 determining how they practice, that's something that 8 the doctor is responsible for. To make sure that 9 they're following the doctor's orders and following 10 policy and procedure, those kinds of things, that's 11 something that I do. If the two cross, then I 12 consult with Dr. Larowe.</p> <p>13 Q. Do you know what protocol the nurses use 14 to determine how to treat somebody for alcohol 15 withdrawal symptoms?</p> <p>16 A. Yes. What they look at specifically for 17 alcohol withdrawal, they monitor vital signs and 18 heart rate. If there's a cutoff specifically to 19 somebody's heart rate, they cross a specific 20 threshold, they begin a withdrawal protocol.</p> <p>21 Q. Do you have an understanding as to 22 whether they look at anything other than vital signs 23 or heart rate?</p> <p>24 A. Yeah. Look at I'm sure the individual's 25 mental status, their physical presentation. For</p>	<p style="text-align: right;">23</p> <p>1 example, are they sweating, are they nauseated, are 2 they hallucinating, those kinds of things, those 3 type of symptoms. They look at those as well.</p> <p>4 Q. Is it true in your experience that 5 alcohol withdrawal symptoms usually start within 48 6 to 72 hours of the last drug taken?</p> <p>7 A. That's my understanding.</p> <p>8 Q. Is it also your understanding that those 9 symptoms usually peak within 24 to 36 hours after 10 onset?</p> <p>11 A. That's my understanding.</p> <p>12 Q. Let's talk about mental health issues 13 for a second.</p> <p>14 A. Okay.</p> <p>15 Q. Mr. Crowson was diagnosed with 16 encephalopathy. Is that a brain condition that 17 you're familiar with?</p> <p>18 A. It is not.</p> <p>19 Q. So you don't know what the signs or 20 symptoms of encephalopathy are?</p> <p>21 A. No.</p> <p>22 Q. If you're presented with a patient who 23 has marked cognitive deficits, how do you determine 24 whether they need to be hospitalized or whether you 25 would recommend hospitalization?</p>
<p style="text-align: right;">24</p> <p>1 A. How do I determine that?</p> <p>2 Q. Yeah.</p> <p>3 A. Well, that's a really broad question. 4 Can you be more specific?</p> <p>5 Q. Sure.</p> <p>6 A. There's lots of reasons an inmate may 7 have cognitive deficits or cognitive decline so I --</p> <p>8 Q. And what I want to get at is where is 9 the line? At what point do you say that's a person 10 that needs to be hospitalized? Let me back up. We 11 can ask it in smaller chunks, how's that?</p> <p>12 A. Okay. That's fine.</p> <p>13 Q. I don't want to be unfair to you. Is 14 there a policy or procedure in place at the jail 15 whereby a person with decreased mentation or change 16 in mental status should be referred to you for 17 evaluation?</p> <p>18 A. There's a practice. I would need to 19 look at the policy to see how that reads but there's 20 certainly a practice and there's certainly a way 21 that we train both corrections staff as well as 22 nursing staff that if they're concerned or they have 23 worries they can refer them to a mental health 24 person.</p> <p>25 Q. Okay. What is the practice? What did</p>	<p style="text-align: right;">25</p> <p>1 you see?</p> <p>2 A. Well, if they have cause for concern 3 they may make a referral to either mental health or 4 to the medical staff.</p> <p>5 Q. So it could be you or it could be to 6 Dr. Larowe?</p> <p>7 A. It would usually be a nurse because the 8 nurses are there 24/7.</p> <p>9 Q. And then do you know what the nurses are 10 trained to look for as far as deciding whether a 11 person should be hospitalized?</p> <p>12 A. I don't know that I could outline that 13 specifically for you. Certainly they're going to 14 look at vital signs and they're going to look at the 15 presenting condition and try to understand the 16 background of what's happening for this person. Is 17 this a sudden onset kind of thing. Are the vital 18 signs indicating that there's some physical 19 distress, those kinds of things. They would use all 20 of that in making some determination, communicating 21 with Dr. Larowe and that.</p> <p>22 Q. Okay. And I want to be fair to you 23 because I understand that you sort of have a split 24 responsibility here. One as the administrator and 25 two as the mental health professional.</p>

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<p style="text-align: right;">26</p> <p>1 A. Right.</p> <p>2 Q. And I understand that Dr. Larowe has</p> <p>3 some supervision over that as well.</p> <p>4 A. Correct.</p> <p>5 Q. Seriously, I'm only asking for what</p> <p>6 you're aware of or what you know.</p> <p>7 A. Right.</p> <p>8 Q. In June of 2014 were you ever called or</p> <p>9 asked to evaluate Martin Crowson?</p> <p>10 A. I seem to remember by going over the</p> <p>11 notes that Mike Johnson had put something in his</p> <p>12 chart note that he referred him to me and I remember</p> <p>13 there being a concern about him but that's about all</p> <p>14 I know.</p> <p>15 Q. Do you remember any specifics?</p> <p>16 A. I don't.</p> <p>17 Q. Is there any note that you actually saw</p> <p>18 him?</p> <p>19 A. There is not.</p> <p>20 Q. When that referral comes in, what does</p> <p>21 that look like? He puts it in his note.</p> <p>22 A. Uh-huh.</p> <p>23 Q. Is there a way that you become notified</p> <p>24 that he made that referral?</p> <p>25 A. Often that's done verbally. What we try</p>	<p style="text-align: right;">27</p> <p>1 to do is to also get that in a task. In the medical</p> <p>2 record there's also a place where you can enter</p> <p>3 tasks. That's one of the ways that we communicate</p> <p>4 with one another. So it could have been done either</p> <p>5 way.</p> <p>6 Q. Okay. Did you review the tasks related</p> <p>7 to Martin Crowson's case?</p> <p>8 A. I did.</p> <p>9 Q. Did you see any tasks in there related</p> <p>10 to referral?</p> <p>11 A. I did not.</p> <p>12 Q. Would that have been Michael Johnson's</p> <p>13 responsibility to put that in the task?</p> <p>14 A. Yes. Based on that note that I</p> <p>15 reviewed.</p> <p>16 Q. If it's not put in the task would you</p> <p>17 ever receive notice in another way that that had</p> <p>18 been put into the note?</p> <p>19 A. Verbally. If it wasn't communicated</p> <p>20 verbally or if it wasn't included in the task, I</p> <p>21 wouldn't have necessarily known. I will take that</p> <p>22 back. I try to review who is in booking and I may</p> <p>23 have come across the information that way.</p> <p>24 Q. Do you have a specific memory as you sit</p> <p>25 here today that you came across information that</p>
<p style="text-align: right;">28</p> <p>1 way?</p> <p>2 A. What I remember -- and I don't remember</p> <p>3 a great deal. What I remember is that Mike told me</p> <p>4 that there was some concerns. What my memory says</p> <p>5 is that he was mostly concerned that he had gotten</p> <p>6 involved in some drugs or homemade alcohol on the</p> <p>7 block or something and he asked me to take a look at</p> <p>8 him.</p> <p>9 Q. Okay. Did he say anything to you to</p> <p>10 indicate why he thought that he may have got into</p> <p>11 some homemade alcohol or some drugs in the block?</p> <p>12 A. Not that I remember.</p> <p>13 Q. Do you remember Mike telling you</p> <p>14 anything specific about his symptoms?</p> <p>15 A. I really don't other than he seemed to</p> <p>16 be confused and was just a little different than</p> <p>17 what he usually was.</p> <p>18 Q. Are you aware of whether he showed any</p> <p>19 signs of increased heart rate?</p> <p>20 A. I'm not aware.</p> <p>21 Q. How about any signs of increased or</p> <p>22 decreased blood pressure?</p> <p>23 A. I don't know. I didn't look at that</p> <p>24 part of the chart.</p> <p>25 Q. Are you aware of whether he was having</p>	<p style="text-align: right;">29</p> <p>1 any tremors?</p> <p>2 A. I'm not.</p> <p>3 Q. Having any sweating or anything like</p> <p>4 that?</p> <p>5 A. I'm not aware.</p> <p>6 Q. Sitting here today, you wouldn't be</p> <p>7 comfortable saying whether he was demonstrating</p> <p>8 signs of alcohol withdrawal, correct?</p> <p>9 A. That's correct.</p> <p>10 Q. And the same for drug withdrawal, you</p> <p>11 wouldn't be comfortable saying whether he had any</p> <p>12 signs or symptoms of drug withdrawal.</p> <p>13 A. No.</p> <p>14 Q. And I understand there's probably a</p> <p>15 difference between how a layman or health</p> <p>16 professional such as yourself would address a</p> <p>17 complaint of brain injury versus how a doctor would</p> <p>18 address it but I want to see -- I want to make sure</p> <p>19 that I understand what you would do because I'm</p> <p>20 going to ask Dr. Larowe what he would do in a month</p> <p>21 and a half.</p> <p>22 As a mental health professional, would</p> <p>23 it be important for you to gain a history, a medical</p> <p>24 history of a person who exhibited signs of a brain</p> <p>25 injury?</p>

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<p style="text-align: right;">30</p> <p>1 A. Let me answer that two ways. If I had</p> <p>2 concerns that somebody had recently experienced a</p> <p>3 brain injury or they were undergoing that, it's well</p> <p>4 outside my expertise as a mental health person.</p> <p>5 Q. Okay. Is there any type of physical</p> <p>6 examination that you would perform to determine</p> <p>7 whether or not a person who's explained decreased</p> <p>8 mentation or significant change in mental status,</p> <p>9 whether they had suffered a brain injury?</p> <p>10 A. Not that I'm familiar with, no.</p> <p>11 Q. Anything in their eyes or --</p> <p>12 A. No.</p> <p>13 Q. How about a clinical examination such as</p> <p>14 questioning them about orientation, things like</p> <p>15 that?</p> <p>16 A. Sure. In my practice I'm mostly</p> <p>17 interested in history, is there a history of brain</p> <p>18 injury. I wouldn't normally be looking for somebody</p> <p>19 who was recently screened for a brain injury that</p> <p>20 happened say in the last 24 hours or that kind of</p> <p>21 thing. Does that answer your question?</p> <p>22 Q. Well, it helps me understand where</p> <p>23 you're coming from.</p> <p>24 A. Okay.</p> <p>25 Q. So in that regard it's helpful. In any</p>	<p style="text-align: right;">31</p> <p>1 event, you didn't see Marvin Crowson during June</p> <p>2 2014, correct?</p> <p>3 A. I did not, no.</p> <p>4 Q. You had seen him earlier in January of</p> <p>5 2014, do you recall that?</p> <p>6 A. I reviewed the notes. I don't recall</p> <p>7 the visit.</p> <p>8 Q. Do you recall Mr. Crowson?</p> <p>9 A. Vaguely.</p> <p>10 Q. Do you recall what he looked like?</p> <p>11 A. I couldn't pick him out of a picture, I</p> <p>12 don't believe.</p> <p>13 Q. Do you have any recollection, to your</p> <p>14 recollection, of him?</p> <p>15 A. I would be guessing maybe in his forties</p> <p>16 or something of that nature, a little older, but</p> <p>17 that's about it. I don't remember a lot about him.</p> <p>18 Q. Do you know whether he was white or</p> <p>19 black or Hispanic?</p> <p>20 A. I believe he was Caucasian.</p> <p>21 Q. And reviewing your notes didn't refresh</p> <p>22 your recollection as to your visit with him in</p> <p>23 January of 2014?</p> <p>24 A. I remember having the visit. I don't</p> <p>25 remember a lot about it. That was what, four years</p>
<p style="text-align: right;">32</p> <p>1 ago now.</p> <p>2 Q. You may have seen one or two people</p> <p>3 between now and then.</p> <p>4 A. A few.</p> <p>5 Q. How long has Michael Johnson worked at</p> <p>6 the jail?</p> <p>7 A. I don't know. Ten years or longer.</p> <p>8 Q. What type of nurse is he -- LPN, RN?</p> <p>9 A. He's an RN.</p> <p>10 Q. Has he had any disciplinary action taken</p> <p>11 against him?</p> <p>12 A. Not that I can recall.</p> <p>13 Q. Any complaints that you've received</p> <p>14 about the care that he provides?</p> <p>15 A. I'm sure there has been. Most of the</p> <p>16 nurses have received some complaint or another.</p> <p>17 Q. Have any of those complaints ever been</p> <p>18 brought up to any type of disciplinary action?</p> <p>19 A. You know, I don't know, to be honest</p> <p>20 with you. In our method of discipline, I guess</p> <p>21 documentation of performance lists level one</p> <p>22 coachings, level two coachings, level three.</p> <p>23 Level one is simply coaching, sit down</p> <p>24 and say this thing happened and it needs to be</p> <p>25 corrected and there's no consequence. I wouldn't</p>	<p style="text-align: right;">33</p> <p>1 consider that to be a disciplinary kind of thing as</p> <p>2 much as just a correction.</p> <p>3 Level two and above would have</p> <p>4 consequences attached to them in some way. And, to</p> <p>5 my knowledge, I've never written Mike up for a level</p> <p>6 two disciplinary problem.</p> <p>7 Q. Would that be your job to do that?</p> <p>8 A. Yes.</p> <p>9 Q. What about Ryan Borrowman, have you ever</p> <p>10 used a level two or above with Ryan Borrowman?</p> <p>11 A. There are.</p> <p>12 Q. What kinds of things has he been</p> <p>13 corrected for?</p> <p>14 THE WITNESS: How much --</p> <p>15 MR. MYLAR: Yeah.</p> <p>16 THE WITNESS: I have a question about</p> <p>17 that.</p> <p>18 MR. MYLAR: Yeah. I need to mark this</p> <p>19 as confidential if you're going to be asking</p> <p>20 questions about that. Do you need to talk to me</p> <p>21 about anything beforehand? Otherwise, it will be</p> <p>22 protected, the information that will be in this</p> <p>23 deposition for this period in terms of his personnel</p> <p>24 record.</p> <p>25 MR. SCHRIEVER: Do you guys want to take</p>

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<p style="text-align: right;">34</p> <p>1 a break?</p> <p>2 (Recess.)</p> <p>3 CONFIDENTIAL</p> <p>4 Q. Has Ryan Borrowman ever been disciplined</p> <p>5 at level two or higher?</p> <p>6 A. Yes, he has.</p> <p>7 Q. What was that in regard to?</p> <p>8 THE WITNESS: Again, I'm not sure what I</p> <p>9 can say.</p> <p>10 MR. MYLAR: Well, if you have any</p> <p>11 personal knowledge that he was disciplined.</p> <p>12 A. I'm aware that there was a level three</p> <p>13 coaching which is I guess the highest level of</p> <p>14 coaching within our system. That was not something</p> <p>15 that I did and so I don't -- I can't give you a lot</p> <p>16 of information about that. It was an internal</p> <p>17 affairs kind of thing.</p> <p>18 Q. Okay. Did it have anything to do with</p> <p>19 his job performance as a nurse?</p> <p>20 A. No.</p> <p>21 Q. Okay. So some violation of county</p> <p>22 policy that did not have to do with his job as a</p> <p>23 nurse.</p> <p>24 A. That's correct.</p> <p>25 Q. Okay. Did it involve anything to do</p> <p style="text-align: center;">CONFIDENTIAL</p>	<p style="text-align: right;">35</p> <p>1 with his involvement with Martin Crowson in any way?</p> <p>2 A. No.</p> <p>3 Q. Did it have to do with untruthfulness or</p> <p>4 dishonesty?</p> <p>5 A. No.</p> <p>6 Q. Did it involve the commission of a</p> <p>7 crime?</p> <p>8 A. Yes.</p> <p>9 Q. What was the nature of the crime?</p> <p>10 THE WITNESS: Am I --</p> <p>11 MR. MYLAR: This will be considered</p> <p>12 confidential.</p> <p>13 THE WITNESS: Okay.</p> <p>14 A. My understanding was that it was some</p> <p>15 form of a domestic related incident. I don't know</p> <p>16 how that was resolved and I don't know specifically</p> <p>17 what the formal charges were.</p> <p>18 Q. Okay. In your review of the records</p> <p>19 were there any nurses involved with Martin Crowson</p> <p>20 in June of 2014 other than Mike Johnson and Ryan</p> <p>21 Borrowman?</p> <p>22 A. Yes.</p> <p>23 Q. Who else?</p> <p>24 A. Josh Billings.</p> <p>25 Q. What was Mr. Billings' involvement with</p> <p style="text-align: center;">CONFIDENTIAL</p>
<p style="text-align: right;">36</p> <p>1 Martin Crowson?</p> <p>2 A. He's an RN as well. He would have been</p> <p>3 working the night shift.</p> <p>4 Q. Was there anything in the notes that you</p> <p>5 saw that stood out as far as observations of</p> <p>6 Mr. Billings?</p> <p>7 MR. MYLAR: I guess we can go off</p> <p>8 confidential.</p> <p>9 END CONFIDENTIAL</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p style="text-align: center;">CONFIDENTIAL</p>	<p style="text-align: right;">37</p> <p>1 A. Can you ask that question again?</p> <p>2 Q. Sure. I'll represent to you the notes</p> <p>3 seem to me, and I'm just giving you my version of</p> <p>4 it -- not for the sake of asking the question, just</p> <p>5 to give you some context for the question. My</p> <p>6 review of the notes seems to indicate that Mike</p> <p>7 Johnson was the one who offered the most notation</p> <p>8 about Mr. Crowson's condition.</p> <p>9 A. Right.</p> <p>10 Q. And then Ryan Borrowman seemed to be the</p> <p>11 first person who said he wished to transport this</p> <p>12 guy to the hospital.</p> <p>13 A. Right.</p> <p>14 Q. What was Josh Billings' role there, to</p> <p>15 your memory?</p> <p>16 A. He would have been -- like I said, he</p> <p>17 would have been working the night shift, I believe,</p> <p>18 and would have been responsible for looking in,</p> <p>19 monitoring him during his shift.</p> <p>20 Q. Okay. Do you recall anything in the</p> <p>21 notes that Mr. Billings observed that is relevant to</p> <p>22 Mr. Crowson's condition during that time period?</p> <p>23 A. I don't.</p> <p>24 Q. Other than those three nurses, anyone</p> <p>25 else involved from the medical staff?</p>

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<p style="text-align: right;">38</p> <p>1 A. It's those three as far as I'm aware.</p> <p>2 Q. There's also a reference or two made to</p> <p>3 some type of communication with Dr. Larrowe. If</p> <p>4 Dr. Larrowe had come out to the prison to see</p> <p>5 Mr. Crowson, would those look different?</p> <p>6 MR. MYLAR: Objection. Speculation. Go</p> <p>7 ahead.</p> <p>8 A. I'm not sure.</p> <p>9 MR. WIGHT: Vague.</p> <p>10 Q. So on this particular table, I</p> <p>11 understand this is a little bit different than what</p> <p>12 you see in the computer, but it has a field where</p> <p>13 the person who entered the note is indicated.</p> <p>14 A. Uh-huh.</p> <p>15 Q. Does Dr. Larrowe have access to that</p> <p>16 system as well?</p> <p>17 A. Yes.</p> <p>18 Q. So if Dr. Larrowe makes an entry into</p> <p>19 CorEMR it would show up that he was the one who put</p> <p>20 the note in.</p> <p>21 A. Correct.</p> <p>22 Q. Did you see in your review of the</p> <p>23 records any indication that Dr. Larrowe had</p> <p>24 personally seen Mr. Crowson in June 2014?</p> <p>25 A. No indication that I saw.</p>	<p style="text-align: right;">39</p> <p>1 Q. Do you have personal knowledge as to</p> <p>2 whether Dr. Larrowe saw Mr. Crowson during June of</p> <p>3 2014?</p> <p>4 A. My understanding is that that was all</p> <p>5 done via telephone consultation.</p> <p>6 Q. Okay. Have you spoken with Mike Johnson</p> <p>7 about the events that give rise to this lawsuit?</p> <p>8 MR. MYLAR: Let me just say you should</p> <p>9 not include instances where I was present, where</p> <p>10 there was attorney-client conversation. If I'm</p> <p>11 present it was attorney-client privilege so don't</p> <p>12 include those in what he's asking you.</p> <p>13 A. So, yes, we've had conversations that a</p> <p>14 lawsuit had been initiated or filed or however you</p> <p>15 say that.</p> <p>16 Q. Did he say anything about his</p> <p>17 observations of Mr. Crowson during that time?</p> <p>18 A. I don't remember. I'm sorry.</p> <p>19 Q. Same question with Ryan Borrowman. Have</p> <p>20 you had conversations outside the presence of</p> <p>21 counsel with Ryan Borrowman about this case?</p> <p>22 A. No, not specifically about this case.</p> <p>23 Q. How about Josh Billings?</p> <p>24 A. No.</p> <p>25 Q. In your review of the records, is there</p>
<p style="text-align: right;">40</p> <p>1 any indication that anyone had taken any medical</p> <p>2 history of Mr. Crowson?</p> <p>3 A. It looked like Ryan Borrowman was the</p> <p>4 one that did the intake and I would have expected</p> <p>5 that there was some medical history gathered there.</p> <p>6 Q. Are you aware that Mr. Crowson had been</p> <p>7 hospitalized recently before his incarceration in</p> <p>8 June of 2014?</p> <p>9 A. I had heard that that was the case. I</p> <p>10 don't know the details of that.</p> <p>11 Q. Who did you hear that from?</p> <p>12 A. I don't remember.</p> <p>13 Q. Did you see anything in your review of</p> <p>14 the records to indicate that that was something that</p> <p>15 anyone at the prison had asked about?</p> <p>16 MR. MYLAR: Just for clarification, are</p> <p>17 you asking if he knew about that when Crowson was at</p> <p>18 the jail?</p> <p>19 MR. SCHRIEVER: That would be a good</p> <p>20 question, too. Let me ask that one.</p> <p>21 A. Okay.</p> <p>22 Q. Did you know about that prior</p> <p>23 hospitalization while Mr. Crowson was at the jail?</p> <p>24 A. Not to my recollection, no.</p> <p>25 Q. Are you aware of anyone at the jail who</p>	<p style="text-align: right;">41</p> <p>1 knew about that hospitalization?</p> <p>2 A. I'm not.</p> <p>3 Q. Did you see anything in the record to</p> <p>4 indicate there was a note of prior hospitalization</p> <p>5 anywhere Mr. Crowson's CorEMR records?</p> <p>6 A. Not the records that I looked at, no.</p> <p>7 Q. Are there any records that exist that</p> <p>8 you didn't look at?</p> <p>9 A. The one I'm talking about is when I went</p> <p>10 back and looked through some things last week. I</p> <p>11 did not look at the document section of our record</p> <p>12 which is essentially a place where we scan records</p> <p>13 that we would have received say from the hospital or</p> <p>14 from another doctor's office or that kind of thing.</p> <p>15 Q. Aside from records from outside</p> <p>16 facilities, is there anything else that goes in that</p> <p>17 document section?</p> <p>18 A. Miscellaneous things that we scan. If</p> <p>19 we send a letter, for example, or we have people</p> <p>20 sign a release for information. It's kind of a</p> <p>21 miscellaneous place where we have to still use paper</p> <p>22 and we scan that into the record.</p> <p>23 Q. Is the intake form part of CorEMR?</p> <p>24 A. It is.</p> <p>25 Q. Do you know if it's part of any other</p>


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<p style="text-align: right;">42</p> <p>1 computer system at the jail? In other words, does 2 it get uploaded to Spillman or anything like that? 3 A. No. Spillman and CorEMR are connected 4 one way. In other words, when somebody is booked 5 into jail, the records come from Spillman to CorEMR 6 where the chart's automatically generated and 7 created. CorEMR does not give information back to 8 Spillman. 9 Q. When is the first time you reviewed 10 Mr. Crowson's records in CorEMR for June 2014? 11 A. Likely would have been in the early part 12 of 2015 when -- I think that's the time when we got 13 the initial service or notification of the lawsuit. 14 Q. Did you see anything in the CorEMR 15 records to indicate that Mr. Crowson had any kind of 16 liver or kidney disease? 17 A. Not that I recall. 18 Q. Do you know what the requirements are to 19 put somebody in the detox cell? In other words, to 20 go to the detox cell, how is that decision made? 21 A. It's a decision made by the nursing 22 staff, probably in consultation with security. In 23 other words, if there's some security concerns that 24 they shouldn't be there then other arrangements 25 would be made but primarily it would be a nursing</p>	<p style="text-align: right;">43</p> <p>1 staff decision. 2 Q. Okay. Did the jail have a written 3 policies or procedures manual for the medical staff? 4 A. Yes. 5 Q. What's the title of that? 6 A. I would have to look. Health services 7 or something of that nature. 8 Q. Health services? 9 A. Health services, something like that. 10 Q. Policies and procedures, something like 11 that? 12 A. Something like that. 13 Q. We'd like to request that. I just want 14 to make sure I know how to identify it. 15 A. I can find it. I couldn't tell you the 16 specific title and where. 17 Q. Is it just one book or are there more 18 than one, depending on the circumstances? 19 A. It's a section of the policies, all 20 electronic at this point. 21 Q. Do you know if it's posted publicly? 22 A. I don't. I would suspect that it's not. 23 Q. Is it specific enough that if you're a 24 nursing staff you can look at it and say, okay, if 25 we're going to put somebody into the detox cell,</p>
<p style="text-align: right;">44</p> <p>1 here's the procedure we follow? 2 A. No. 3 Q. Would it contain a policy or procedure 4 as to determining the likelihood that someone has, 5 an inmate has received some type of alcohol or drug 6 substance while they're in the jail? 7 A. I'm not sure what the question is. 8 Q. I'm going to go back and give an 9 explanation because I'm having a hard time framing 10 this question. Mr. Crowson was in lockdown from 11 June 17th to June 25th and then he was transferred 12 to the detox cell. Sometime in that period it 13 sounds like Mike Johnson or somebody made a decision 14 to put him in detox. 15 A. Uh-huh. 16 Q. So I'm wondering if the policies and 17 procedures manual provides guidance to somebody in 18 Mike Johnson's position to say if you're going to 19 put somebody in detox, find out what kind of 20 substance they were on or get a history from them of 21 what they've received or where they've been, 22 anything like that. 23 A. I don't believe there would have been 24 specific instructions or anything like that, 25 checklist or something like that, no.</p>	<p style="text-align: right;">45</p> <p>1 Q. If Mike Johnson had had access to the 2 inmate's records so that he would have known where 3 in the jail Mr. Crowson had been, could he look at 4 those Stillman records? 5 A. Yes. 6 Q. Do you have access to the Stillman 7 records? 8 A. Uh-huh. 9 Q. Is there a policy and procedure for how 10 often the nursing staff should check on somebody who 11 is in the detox cell? 12 A. I'm not sure if it's a written policy. 13 There's a practice that they should be checked on at 14 a minimum once per shift. 15 Q. Once every eight hours? 16 A. Twelve. 17 Q. Twelve hours? 18 A. Uh-huh. 19 Q. So two times per day at a minimum? 20 A. Correct. 21 Q. For example, Josh Billings was on the 22 night shift. Was he to wake the person and check on 23 them or just physically observe them? 24 A. Physically observe them. Usually that 25 should have been done at the beginning of a shift so</p>

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<p style="text-align: right;">46</p> <p>1 most people are awake at seven or so in the evening, 2 seven or eight. 3 Q. Did you go in the detox cell general 4 population for things like meals, time outside of 5 the cell, things like that? 6 A. No. 7 Q. Are they allowed out of the detox cell? 8 A. Depends on how long somebody is there. 9 You know, if they're there for a period of time they 10 should be allowed out to shower and those kinds of 11 things. There's not really like a day room or that 12 kind of thing for them to use but to shower and get 13 cleaned up. 14 Q. Do they have contact with other inmates 15 when they're in the detox cell? 16 A. Yes. 17 Q. And do you know the circumstances that 18 they have contact the other inmates? 19 A. Well, the detox cells are -- we're a 20 small jail so there's typically three cells that are 21 designated for detox and they usually house more 22 than one inmate at a time so in that respect they 23 would have contact with others. 24 Q. Mike Johnson had made a note to refer 25 Mr. Crowson to you from a mental evaluation.</p>	<p style="text-align: right;">47</p> <p>1 A. Uh-huh. 2 Q. Do you know why that fell through the 3 cracks? 4 A. I don't know -- 5 MR. MYLAR: Objection. Assumes facts 6 not in evidence in this deposition. 7 MR. SCHRIEVER: Let me ask it a 8 different way. 9 Q. Do you know why you didn't see him? 10 A. I don't remember. I can tell you what I 11 think but I don't remember for sure. 12 Q. Well, with the caveat that you don't 13 remember, tell me what you think. 14 MR. MYLAR: Objection. Speculation. 15 Lack of foundation. Go ahead. 16 A. At any given time I have probably more 17 people that I can see during a given day than I can 18 get to. My understanding, at least what I recall is 19 that Mike was believing there was some detox or that 20 he got into some drugs or those kind of things. 21 From a mental health standpoint there's not a lot 22 that I can do for somebody in that condition until 23 they sober up or until they clear from whatever 24 drug-induced problem they're experiencing, so I 25 would have prioritized that differently.</p>
<p style="text-align: right;">48</p> <p>1 Q. And by prioritized differently 2 meaning -- 3 A. What I believed, what I knew is that the 4 nursing staff would be monitoring and watching that 5 and I felt comfortable giving it some time to see if 6 whatever problem was going on would clear with the 7 passage of time. 8 Q. How much time is appropriate in that 9 type of situation? 10 A. That varies a great deal. Sometimes 11 people clear up from drug-induced problems very 12 quickly, in 24 hours, and sometimes it's a week or 13 longer. 14 Q. Not having reviewed the records, do you 15 see anything to indicate that between June 25th and 16 July 1, 2014 Mr. Crowson was having any type of 17 drug-induced withdrawal problem? 18 MR. MYLAR: Objection. Calls for 19 speculation and lack of foundation. 20 THE WITNESS: Am I good to answer? 21 MR. MYLAR: Go ahead. 22 A. Okay. It seemed to me that that was the 23 working hypothesis, if you will, of the nursing 24 staff. 25 Q. Right. And my question is just a little</p>	<p style="text-align: right;">49</p> <p>1 bit different. Looking at the records, do you see 2 anything that would substantiate that he was 3 experiencing a drug withdrawal? 4 MR. MYLAR: Again, objection. Lack of 5 foundation. Calls for speculation. You can answer. 6 A. So do I see anything in the record that 7 indicates that that would have been the case? 8 Q. That that was the case, yeah, suffering 9 from drug withdrawals or alcohol withdrawals. 10 A. What I saw in the record is the abrupt 11 change in mental status. At least what I understand 12 is the suspicion that that's what had happened. And 13 then going along with the mental status, what I 14 understood is that he was hallucinating and that it 15 was a different mental status, which is not unusual 16 for somebody who is withdrawing from drugs or 17 alcohol. 18 Q. Any other symptoms, like change in heart 19 rate? 20 A. Sure. 21 Q. Change in blood pressure? 22 A. Yeah, heart rate is the one that the 23 nurses pay closest attention to. 24 MR. SCHRIEVER: All right. I don't have 25 any further questions for you.</p>

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<p style="text-align: right;">50</p> <p>1 EXAMINATION</p> <p>2 BY MR. WIGHT:</p> <p>3 Q. I represent Dr. Larrowe. I'm Gary</p> <p>4 Wight, by the way. I don't think I introduced</p> <p>5 myself. You were asked some questions about</p> <p>6 conversations you'd had regarding Mr. Crowson. Have</p> <p>7 you told us everything you can remember about those</p> <p>8 conversations other than with your counsel?</p> <p>9 A. Did I have conversations with</p> <p>10 Mr. Crowson?</p> <p>11 Q. No. Conversations about him with other</p> <p>12 people at the jail.</p> <p>13 A. To the best of my knowledge. I mean I</p> <p>14 know that -- I know that staff have been named.</p> <p>15 We've had conversation about the fact that there's a</p> <p>16 lawsuit going on. I couldn't give you the</p> <p>17 particulars of what those conversations were.</p> <p>18 MR. WIGHT: Okay. No other questions.</p> <p>19 Thank you.</p> <p>20 MR. MYLAR: I don't have any questions.</p> <p>21 I would like him to read and sign the deposition.</p> <p>22 (Whereupon the taking of this deposition was</p> <p>23 concluded at 2:00 p.m.)</p> <p>24 * * *</p> <p>25 Reading copy submitted to Washington County</p>	<p style="text-align: right;">51</p> <p>1 Sheriff's Office, 750 South 5600 West, Hurricane,</p> <p>2 Utah 84737. Attention: Jon Worlton.</p> <p>3 Original transcript submitted to</p> <p>4 Mr. Schriever.</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">52</p> <p>1 C E R T I F I C A T E</p> <p>2 STATE OF UTAH)</p> <p>3)</p> <p>4 COUNTY OF)</p> <p>5 I HEREBY CERTIFY that I have read the</p> <p>6 foregoing testimony consisting of 49 pages,</p> <p>7 numbered from 3 through 51 inclusive, and the same</p> <p>8 is a true and correct transcription of said</p> <p>9 testimony except as I have indicated changes on the</p> <p>10 enclosed errata sheet.</p> <p>11</p> <p>12 JON WORLTON</p> <p>13</p> <p>14</p> <p>15</p> <p>16 Subscribed and sworn to at</p> <p>17 this day of , 2018.</p> <p>18</p> <p>19 Notary Public</p> <p>20</p> <p>21 My Commission Expires:</p> <p>22</p> <p>23</p> <p>24</p> <p>25 * * *</p>	<p style="text-align: right;">53</p> <p>1 C E R T I F I C A T E</p> <p>2 STATE OF UTAH)</p> <p>3)</p> <p>4 COUNTY OF SALT LAKE)</p> <p>5 THIS IS TO CERTIFY that the deposition of JON</p> <p>6 WORLTON was taken before me, Linda Van Tassell,</p> <p>7 Registered Diplomate Reporter and Notary Public in</p> <p>8 and for the State of Utah.</p> <p>9 That the said witness was by me, before</p> <p>10 examination, duly sworn to testify the truth, the</p> <p>11 whole truth, and nothing but the truth in said</p> <p>12 cause.</p> <p>13 That the testimony was reported by me and that</p> <p>14 a full, true, and correct transcription is set</p> <p>15 forth in the foregoing pages, numbered 3 through 51</p> <p>16 inclusive.</p> <p>17 I further certify that I am not of kin or</p> <p>18 otherwise associated with any of the parties to</p> <p>19 said cause of action, and that I am not interested</p> <p>20 in the event thereof.</p> <p>21 WITNESS MY HAND at Salt Lake City, Utah, this</p> <p>22 20th day of April, 2018.</p> <p>23 </p> <p>24 Linda Van Tassell</p> <p>25 RDR/RMR/CRR</p>

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